

Figure 1

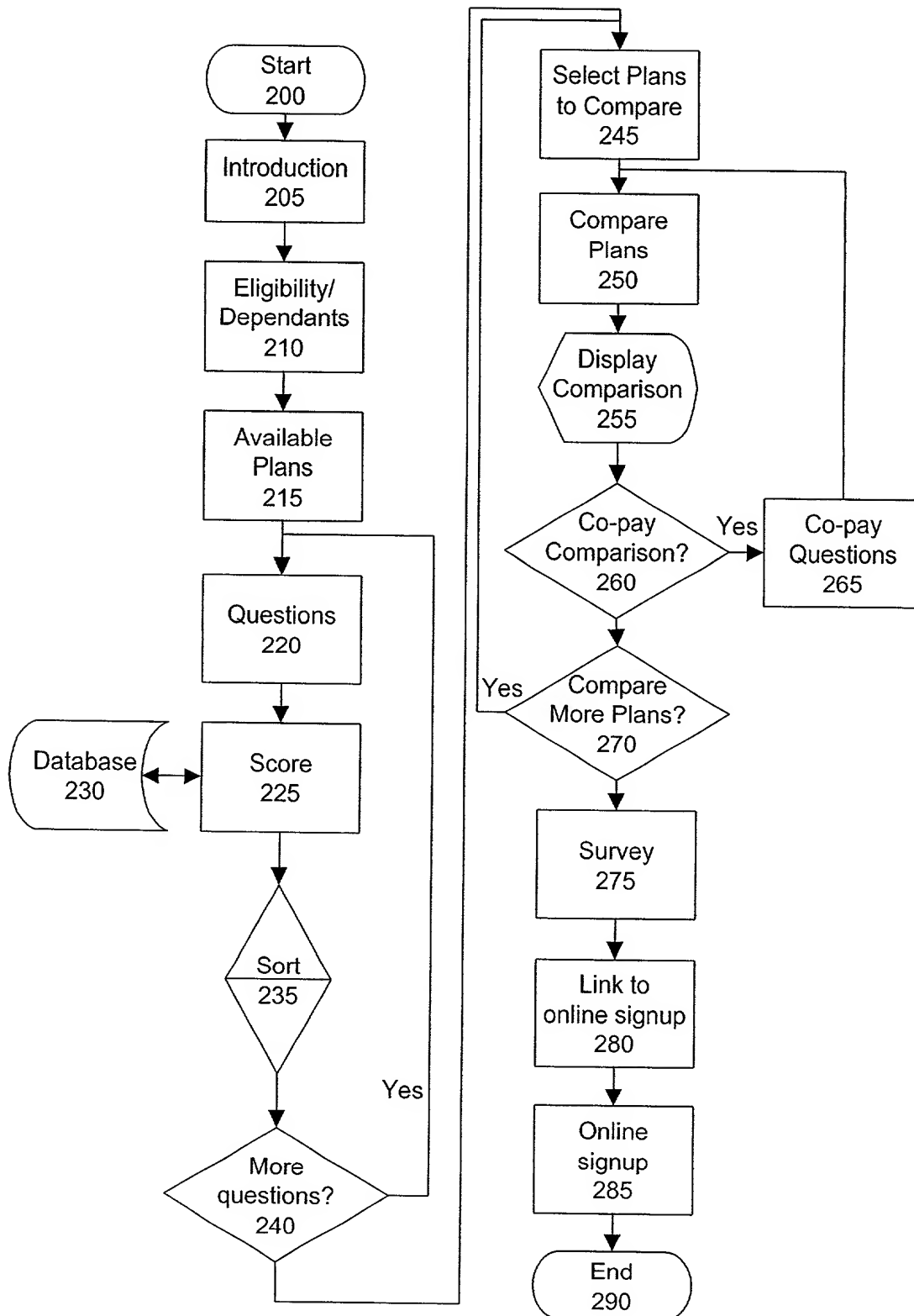


Figure 2

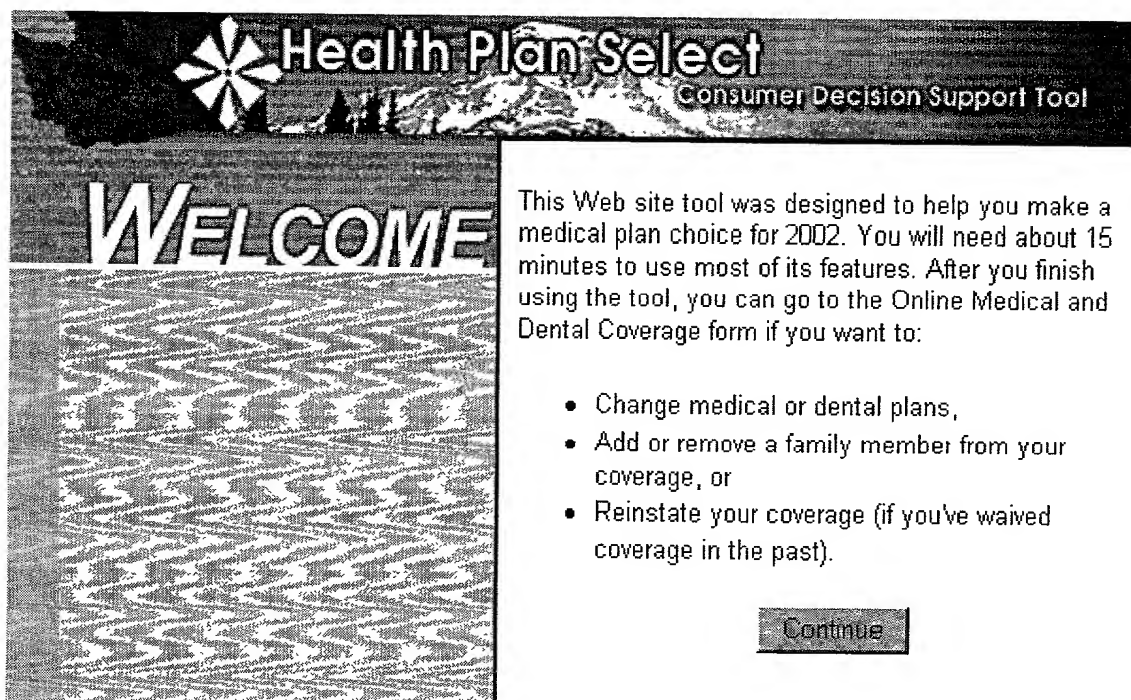


Figure 3



Health Plan Select

Consumer Decision Support Tool

SIGN IN

In order for this tool to present all of the medical plans, options and monthly premiums available to you, please provide the following information.

What is your ZIP Code (where you live)?

What is your employment status:

- Active employee (except K-12) ☐
- K-12 or political subdivision employee ☐
- Employee in leave-without-pay status ☐
- Prior employee on COBRA ☐
- Retiree (including K-12 retirees) ☐

Who do you want enrolled in your medical plan?

- Subscriber only ☐
- Subscriber and spouse/same sex domestic partner ☐
- Subscriber and child(ren) ☐
- Subscriber, spouse/same sex domestic partner, and child(ren) ☐


Number of dependent children:

Are you or any of your family members on Medicare due to age or disability?

- | | Y | N |
|----------------------------------|-----------------------|-----------------------|
| Subscriber only | <input type="radio"/> | <input type="radio"/> |
| Spouse/same sex domestic partner | <input type="radio"/> | <input type="radio"/> |
| Child(ren) | <input type="radio"/> | <input type="radio"/> |

Continue

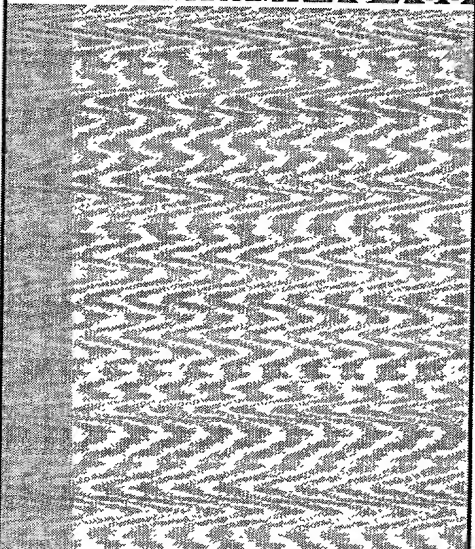
Figure 4



Health Plan Select

Consumer Decision Support Tool

WHAT IS IMPORTANT TO YOU




DEFINITIONS ?

Please order the following aspects of medical coverage according to their importance to you. Each rating can be used only once.

	Most important				Least important
<u>Consumer Experience</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Preventive Care Services</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Accreditation</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Monthly premium</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Doctor choice</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue

Figure 6



Consumer Select

Consumer Decision Support Tool

Make Choices Here

↓

For the measures of medical plan Consumer Experience below, consider the quality levels and select one for each measure.

Overall rating of medical plan

I require above average quality ☐

I can accept average quality ☐

This measure doesn't matter ☐

Medical plan customer service

I require above average quality ☐

I can accept average quality ☒

This measure doesn't matter ☐

Continue

[DEFINITIONS ?](#)


See Analysis Results Here


↓

Medical plans in your ZIP Code

1. Provider R
2. Provider G
3. Provider M
4. Provider E
5. Provider B
6. Provider O
7. Provider U
8. Provider T

Figure 7






Consumian Select

Consumer Decision Support Tool

Make Choices Here



For the measures of medical plan Consumer Experience below, consider the quality levels and select one for each measure

Getting needed medical care

I require above average quality ☒

I can accept average quality ☐

This measure doesn't matter ☐

Getting medical care quickly

I require above average quality ☒


I can accept average quality ☐

This measure doesn't matter ☐

Continue

[DEFINITIONS ?](#)


See Analysis Results Here



Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections

- Provider E** 4 pts.
- Provider G** 3 pts.
- Provider R** 2 pts.
- Provider M** 2 pts.
- Provider U** 2 pts.
- Provider T** 2 pts.
- Provider B** 1 pts.
- Provider O** 1 pts.


Figure 8



Consumer Select

Consumer Decision Support Tool

Make Choices Here



For the measures of medical plan Preventive Care Services below, consider the quality levels and select one for each measure.

Breast cancer screening rate

I require above average quality ☒

I can accept average quality ☐

This measure doesn't matter ☐

Cervical cancer screening rate

I require above average quality ☒


I can accept average quality ☐

This measure doesn't matter ☐

Continue

DEFINITIONS ?


See Analysis Results Here



Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections

- Provider E** 5 pts.
- Provider G** 5 pts.
- Provider U** 5 pts.
- Provider R** 4 pts.
- Provider M** 4 pts.
- Provider T** 2 pts.
- Provider B** 2 pts.
- Provider O** 2 pts.


Figure 9



Consumplan Select

Consumer Decision Support Tool

Make Choices Here



For the measures of medical plan Preventive Care Services choice below, consider the quality levels and select one for each measure.

Prenatal care

I require above average quality ☒

I can accept average quality ☐

This measure doesn't matter ☐

Postpartum care

I require above average quality ☒

I can accept average quality ☐

This measure doesn't matter ☐

Childhood immunizations

I require above average quality ☒


I can accept average quality ☐

This measure doesn't matter ☐

Continue

DEFINITIONS ?


See Analysis Results Here



Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections

- Provider G** 8 pts.
- Provider M** 7 pts.
- Provider R** 6 pts.
- Provider B** 6 pts.
- Provider E** 5 pts.
- Provider U** 5 pts.
- Provider O** 4 pts.
- Provider T** 3 pts.

Figure 10



Consumer Select

Consumer Decision Support Tool

Make Choices Here

↓

For the measure of medical plan Accreditation below, consider the quality levels and select one.

Medical Plan Accreditation

I require above average quality ☐

I can accept average quality ☒

This measure doesn't matter ☐

Continue

DEFINITIONS ?


See Analysis Results Here

↓

Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections

- Provider G** 13 pts.
- Provider M** 12 pts.
- Provider R** 11 pts.
- Provider B** 9 pts
- Provider O** 9 pts.
- Provider E** 6 pts
- Provider U** 5 pts
- Provider T** 4 pts.

Figure 11




Health Plan Select

Consumer Decision Support Tool

DEFINITIONS ?

See Analysis Results Here



Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selection


- ☒ Provider G 16 pts
- ☒ Provider R 14 pts.
- ☐ Provider M 13 pts.
- ☐ Provider O 12 pts
- ☐ Provider B 10 pts.
- ☐ Provider E 7 pts.
- ☐ Provider U 6 pts.
- ☐ Provider T 5 pts.

Compare two plans

PLAN COMPARISON

You are now ready to compare quality among the rank ordered medical plans

Select two plans to compare



Compare two plans

Figure 12



DEFINITIONS ?

Plan comparison based on independent third party data

Plan Name	Provider G Click Here to Search For Doctor	Provider R Click Here to Search For Doctor
-----------	---------------------------------------------------------------	---------------------------------------------------------------

<input type="checkbox"/> Check here if your doctor participates	<input type="checkbox"/> Check here if your doctor participates
-----------------------------------------------------------------	-----------------------------------------------------------------

Estimated Monthly Premium	\$ 18.00	\$ 76.00
---------------------------	----------	----------

Estimated Annual Co-payment	Click Here to Illustrate Co-payments	Click Here to Illustrate Co-payments
-----------------------------	------------------------------------------------------	------------------------------------------------------

How CAHPS™ survey rated their medical plan overall	Average	Below Average
How CAHPS™ survey rated the plan customer service	Average	Average
How CAHPS™ survey rated ease of getting care	Above Average	Average
How CAHPS™ survey rated speed of getting care	Below Average	Average
The HEDIS score for the plan's breast cancer screening services	Average	Average
The HEDIS score for the plan's cervical cancer screening services	Above Average	Average
The HEDIS score for the plan's prenatal care efforts	Above Average	Above Average
The HEDIS score for the plan's postpartum care efforts	Average	Average
The HEDIS score for the plan's childhood immunization efforts	Above Average	Above Average
What level was the plan's accreditation	Above Average	Above Average

[Go back for another comparison](#)

When you are satisfied with what you have learned, Continue

Figure 13

Co-payment illustrator

Estimate your number of annual doctor visits

- ☒ 0 times (I never go to the doctor)
- ☐ 1 time
- ☐ 2 or more times

Estimate your spouse / partner's number of annual doctor visits

- ☒ 0 times (My spouse/partner never goes to the doctor)
- ☐ 1 time
- ☐ 2 or more times

Estimate your children's number of annual doctor visits

- ☒ 0 times (My child(ren) never go to the doctor)
- ☐ 1 time
- ☐ 2 or more times

Estimate your number of annual hospital visits

- ☒ 0 times (I never go to the hospital)
- ☐ 1 time
- ☐ 2 or more times

Estimate your spouse / partner's number of annual hospital visits

- ☒ 0 times (I never go to the doctor)
- ☐ 1 time
- ☐ 2 or more times

Estimate your children's number of annual hospital visits

- ☒ 0 times (I never go to the doctor)
- ☐ 1 time
- ☐ 2 or more times

Estimate your number of yearly prescriptions

Note that a prescription that is filled once a month equals 12

Estimate your spouse / partner's number of yearly prescriptions

Estimate your children's number of yearly prescriptions

Did you know ...

On average, Americans who participate in employer-sponsored health plans pay about \$104 per month for family coverage?

On average, Americans go to office-based physicians about three times a year?

- That a typical 15-minute primary care appointment (without lab work) costs about \$51?
- That a typical spinal manipulation costs about \$40?
- That a 30-minute psychiatric appointment costs about \$67?
- That a routine eye examination without treatment costs about \$47?
- That a well-child (toddler) examination (without lab work) costs about \$70?

On average, Americans go to an emergency department every 3 years?

That just the physician's evaluation and coordination of treatment alone (no actual treatment and no hospital fees) for a moderate problem costs about \$140?

On average, Americans have an inpatient hospital stay every 9 years, for four days at \$2,385 per day, adding up to \$9,440 in hospital bills alone?

On average, US hospitals charge about \$4,000 for the normal delivery of a baby?

That in addition, physicians charge about \$2,026 over the course of a normal pregnancy and delivery of a baby?

[Run the Illustration](#)

Figure 14



DEFINITIONS ?

Plan comparison based on independent third party data

Plan Name

Provider G

Provider R

[Click Here to Search For Doctor](#)

[Click Here to Search For Doctor](#)

☐ Check here if your doctor participates

☐ Check here if your doctor participates

Estimated Monthly Premium

\$16.00

\$76.00

Estimated Annual Co-payment

\$1670

\$1670

How CAHPS™ survey rated their medical plan overall

Average

Below Average

How CAHPS™ survey rated the plan customer service

Average

Average

How CAHPS™ survey rated ease of getting care

Above Average

Average

How CAHPS™ survey rated speed of getting care

Below Average

Average

The HEDIS score for the plan's breast cancer screening services

Average

Average

The HEDIS score for the plan's cervical cancer screening services

Above Average

Average

The HEDIS score for the plan's prenatal care efforts

Above Average

Above Average

The HEDIS score for the plan's postpartum care efforts

Average

Average

The HEDIS score for the plan's childhood immunization efforts

Above Average

Above Average

What level was the plan's accreditation

Above Average

Above Average

[Go back for another comparison](#)

When you are satisfied with what you have learned, Continue

Figure 15



Feedback

Congratulations. You have completed the analysis portion of Health Plan Select. Before proceeding to enrollment options, we would like to know what you thought of this tool.

1. Have you taken this survey before? ☒ No ☐ Yes

2. I found Health Plan Select easy to use/navigate.

3. I found the health information in Health Plan Select easy to understand.

4. Health Plan Select influenced my medical plan choice for 2002.

5. Do you intend to complete enrollment online?

- ☒ Yes, I do need to make changes, and I will probably complete enrollment online
- ☐ No, Even though I do need to make enrollment changes, I will probably not complete enrollment online.
- ☐ No, I do not need to make any enrollment changes at this time.
- ☐ I am not familiar with online enrollment.

6. Are you male or female?

7. What is your age now? years old

8. How would you rate your overall health now?

Send specific comments on Health Plan Select to the Health Care Decisions Group

Figure 16

Health Plan Select
Consumer Decision Support Tool

ENROLLMENT OPTIONS

[DEFINITIONS ?](#)

Ready to make a change to your medical and/or dental coverage?

Either

Go to the [Online Medical and Dental Coverage form](#)

Or

Complete and return the form(s) in your open enrollment booklet

If you **don't want to change your medical plan** and your medical plan is still available to you, **you don't need to do anything**. You'll automatically continue with the same plan in 2002, and coverage will stay the same for your currently enrolled family members.

[Exit and return home](#)

Figure 17